

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>					Docket No. 60316/9	
<b>In Re Application Of: Danny L. Mabey et al.</b>						
<b>Application No.:</b>	<b>Filing Date:</b>	<b>Examiner:</b>	<b>Customer No.:</b>	<b>Group Art Unit:</b>	<b>Confirmation No.:</b>	
10/784,754	02/23/2004	Allen C. Wong	32642	2621	2222	
<b>INVENTION: POLYMORPHIC CODEC SYSTEM AND METHOD</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
<p>Transmitted herewith is an Amendment and Response in the above-identified application.</p> <p>Other documents being transmitted: Terminal Disclaimer, Supplemental Information Disclosure Statement and Foreign Patent</p> <p>Applicant claims small entity status.</p> <p>The fee for the amendment has been calculated as shown below:</p>						
<b>CLAIMS AS AMENDED</b>						
	Claims Remaining After Amendment	Highest # Prev. Paid For	Number Extra Claims Present	Rate	Additional Fee	
TOTAL CLAIMS	56	63	0	X \$25.00	\$00.00	
INDEP. CLAIMS	5	8	0	X \$105.00	\$00.00	
MULTIPLE DEPENDANT CLAIMS (Check if applicable) <input type="checkbox"/>					\$00.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$00.00	
<p><b>The fee for the amendment is to be paid as follows:</b></p> <p><input checked="" type="checkbox"/> No additional fee is required for the amendment.</p> <p><input type="checkbox"/> A Check in the amount of \$            for the amendment and extension of time is enclosed.</p> <p><input type="checkbox"/> Please charge Deposit Account No. 502375 in the amount of:</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 502375:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Any additional filing fees required under 37 CFR 1.16.</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR .1.17.</p> <p><input checked="" type="checkbox"/> Other Fees: Terminal Disclaimer and Information Disclosure Statement</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p>						
Signature:        /Kory D. Christensen /			Dated: August 1, 2008			
Printed Name: Kory D. Christensen			Attorney Registration No.: 43,548			
<p>Stoel Rives, LLP  One Utah Center  201 S. Main Street, Suite 1100  Salt Lake City, Utah 84111  Phone: (801) 328-3131  Facsimile: (801) 578-6999</p>						
<b><u>Certificate of Mailing or Transmission</u></b>						
I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted to the USPTO via the EFS-Web electronic filing system on the date set forth below.						
/Mary Louise Miner/			Date: August 1, 2008			
Mary Louise Miner						